

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF RIVERSIDE**

	)	
Plaintiff(s)	)	
	)	
vs.	)	Case No. _____
	)	
Defendant(s)	)	<b>MEDIATOR'S FEE STATEMENT</b>
_____	)	

Pursuant to local court policy, I am submitting this fee statement requesting payment of \$150 for my services in conducting mediation proceedings.

The mediation began at \_\_\_\_\_ am/pm and concluded at \_\_\_\_\_ am/pm.

Date(s) of mediation hearing: \_\_\_\_\_

Parties reached a mediated settlement: ☐ Yes ☐ No

**Make check payable to:**

\_\_\_\_\_  
Signature of Mediator

\_\_\_\_\_  
Print Name ☐ Personal or ☐ Business

\_\_\_\_\_  
Printed Name of Mediator

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Identification Number (Required)

☐ Social Security # if personal or

☐ Tax ID# if business

**\*\*\*\*\*BELOW IS FOR COURT USE ONLY\*\*\*\*\***

I certify that this fee application has been submitted in compliance with court policy and the Court Executive Office is hereby ordered to issue payment in the amount of \$150 payable to the above named person for services rendered in this case.

**Amount Authorized \$** \_\_\_\_\_

Authorized by: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_